

REQUEST FOR COPY OF BIRTH CERTIFICATE

VS-39B Revised: 10/28/99

PLEASE PRINT**DO NOT MAIL CASH**FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAMEDATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITYFATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAMEMOTHER'S MAIDEN NAME: _____
FIRST MIDDLE MAIDEN NAME**PERSON MAKING THIS REQUEST:**NAME: _____
FIRST MIDDLE LAST NAMEADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: **X** _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

CERTIFICATE SIZE: ☐ WALLET SIZE☐ FULL SIZE

NUMBER OF COPIES

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION
FEE: \$5.00 PER COPY. MONEY ORDER MADE PAYABLE TO:
THE TOWN/CITY OF BIRTH
MAIL THIS REQUEST WITH PAYMENT TO:
THE TOWN CLERK AT THE TOWN/CITY OF BIRTH
FOR TOWN CLERK ADDRESSES PLEASE CALL (860) 509-7897.

ATTACH A COPY OF PICTURE IDENTIFICATION HERE: